



Miami-Dade County Building and Neighborhood Compliance Department  
Trade Inspectors Section

11805 S.W. 26 Street (Coral Way), Room 137  
Miami, Florida 33175-2474  
Phone: (786) 315-2100 / Fax: (786) 315-2907

**Request for Permit Cancellation**

(Form must be signed and notarized by owner or contractor)

Date: \_\_\_\_\_

Request to cancel permit number: \_\_\_\_\_

Reason for cancellation request:

\_\_\_ No Work Done (plans must be at job site)

\_\_\_ Work Removed (plans must be at job site)

\_\_\_ Exempt from Permit

\_\_\_ Superseded by Another Permit Other Permit Number \_\_\_\_\_

(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).

\_\_\_ Duplicated Other Permit Number \_\_\_\_\_

Customer Name: \_\_\_\_\_ (for mailing purposes)

Customer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer Telephone Number: \_\_\_\_\_

Customer E-Mail Address: \_\_\_\_\_

Person requesting cancellation is: \_\_\_ Property Owner \_\_\_ Contractor

Hired Agent for: \_\_\_ Property Owner \_\_\_ Contractor

Customer's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

(SEAL)

Personally known \_\_\_\_\_

or Produced Identification \_\_\_\_\_

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**- FOR OFFICE USE ONLY -**

For permits that are superseded by another permit the plans have been: \_\_\_ Received \_\_\_ Not Required \_\_\_ Pending

Process Number Issued: \_\_\_\_\_

Request Received by: \_\_\_\_\_ Title: \_\_\_\_\_